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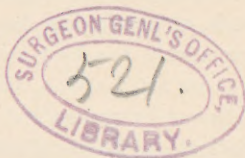
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THE EXAMINATION UNDER ANÆSTHESIA: ITS USES AND ITS LIMITATIONS.

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THE examination under anæsthesia has a broad field of utility as yet not fully realized in gynæcological work. In this way alone are we enabled to palpate the whole peritoneal surface of the uterus, anterior as well as posterior, together with the ovaries and the tubes. If the patient be highly sensitive, if there be tympanites, or if the abdominal walls are thick and vaulted, it may be impossible to exclude the presence of myomata and lateral inflammatory disease by the usual methods of examination, and the utmost the gynæcologist will be able to affirm in his note will be "tenderness," or "sense of resistance in the fornices," or "probable pelvic inflammatory disease." The examination under anæsthesia at once answers the query completely and satisfactorily as to "neurosis" or "inflammation" or "tumor." I have thus repeatedly found disease calling for immediate operative treatment in patients who had been examined in the ordinary manner, and had even been treated topically.

A want of familiarity with the methods and a failure to employ anæsthesia for purposes of examination may be a source of grave error in gynæcological diagnosis.

Chloroform is, as a rule, the best anæsthetic for this purpose, on account of its rapid action, and the fact that it is not so apt to be followed by nausea and vomiting.

Frequently the patient can be examined under the primary effect of the anæsthetic in less than a minute, even noting during the examination the smallest irregularities of surface in uterus or appendages, and detecting the slightest adhesions.

The Manner of conducting the Examination under Anæsthesia.—The patient is brought to the edge of the table; her thighs are well flexed on the abdomen and held in this position by an assistant on either side, or by Kelly's leg holder.

The index finger is first introduced into the vagina to determine the position of the uterus. A bullet forceps, or the author's corrugated tenaculum (Fig. 1), is then in-



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FIG. 1.—Corrugated tenaculum for catching the cervix and holding the uterus down near the outlet. The corrugations prevent the tenaculum from slipping while it is held on the ball of the thumb by the third and fourth fingers. The index finger of the same hand may be used in making a rectal examination. This practically makes two hands out of one, leaving the other hand free for the abdominal palpation.

troduced on the index finger and the anterior lip of the cervix caught. The tenaculum is held by one of the assistants while the examiner introduces his finger into the rectum, and with the other hand pressing down through the superior straight makes a thorough bimanual examination. Instead of the corrugated tenaculum, the bullet forceps which is used in repairing the lacerated cervix may be employed as a tractor in drawing the uterus into descensus (Fig. 2).

In order to reach the fundus uteri and the ovaries and tubes it is necessary for the assistant to draw the cervix down, sometimes even as far as the vaginal outlet (Fig. 3).

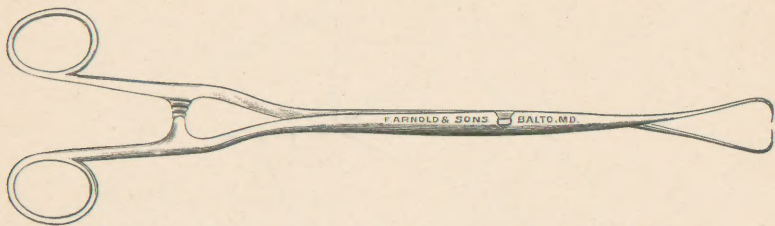


FIG. 2.—Traction forceps employed in drawing the uterus down toward the outlet.

With the uterus thus brought into artificial descensus the examiner will be able with perfect ease to palpate its fundus, and upon pulling the uterus over into retroflexion, *by hooking the rectal finger over the fundus*, the whole anterior surface as far as the bladder is brought within touch (Fig. 4).

The ovaries are readily found by taking the utero-ovarian ligaments as landmarks; these are always felt as distinct sharp cords in the posterior surface of the broad ligament just below the cornu uteri; by following them out for an inch from the uterus the ovary is found. In this way the identity of doubtful bodies lateral to the uterus is often determined, and ovaries apparently impossible of access are readily palpated.

Such an examination as this is but rarely possible in the conscious subject. The extreme displacement here spoken of is not injurious if traction is not made when more than slight resistance is encountered. This displacement must not be kept up for many minutes, and must not be repeated too frequently.

The Indications for the Examination under Anæsthesia.—

1. In a young woman with an intact hymen.

2. When the ordinary vaginal examination is not satisfactory, leaving the question as to the condition of the appendages and the fundus uteri in doubt, provided—

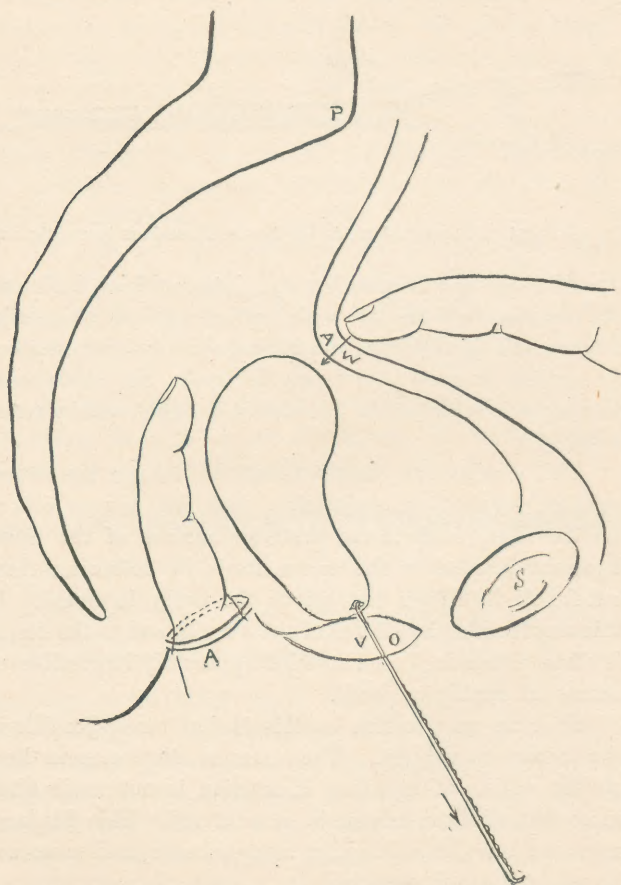


FIG. 3.—Cervix drawn down into artificial descensus to vaginal outlet by means of corrugated tenaculum. Bimanual palpation of anterior surface, fundus, and posterior surface through rectum and anterior abdominal wall.

3. That the patient's history and symptoms indicate an intrapelvic affection.

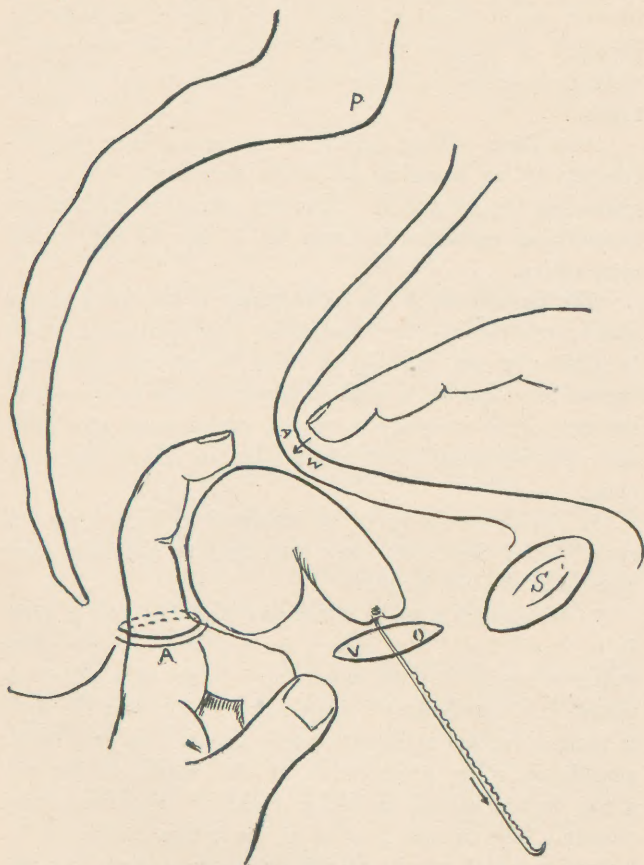


FIG. 4.—Uterus drawn down into artificial descensus to vaginal outlet and into retroflexion by means of the rectal finger hooked over the fundus, thus bringing all of its surfaces into easy touch.

4. That the examination is made by a trained and gentle hand.

The fourth condition may be modified, however, in case of necessity, as any physician possessing a good general idea of pelvic diseases ought to be able to exclude the presence of serious intrapelvic lesions in the absence of resisting masses which are evident even to an untrained touch.

Nota Bene.—There should be no undue haste in proceeding to an examination under anæsthesia where the symptoms are not urgent. It is also often best to first test temporizing measures in cases which may be kept under observation.

The Limitations in the Employment of the Examination under Anæsthesia.—1. Unnecessary examinations must not be made; in the majority of cases an ordinary thorough vaginal examination, if conducted with a little tact and persistence, or, if necessary, a second examination at a later date, will afford sufficient information to direct the treatment.

2. Patients must never be examined without their full consent, and they must have the right to withdraw their consent at the last moment.

3. Great care must be taken in examining young girls. In no case should the hymen be ruptured except under stringent necessity. An index finger larger than six centimetres in circumference debars its possessor from the right to make a vaginal examination in young women even under anæsthesia. The preservation of this mark of her virginity is the sacred, inviolable right of every unmarried woman. The careless rupture of the hymen to secure information which can be as well or better gained by a rectal examination is an outrage. Even when it is necessary to dilate the cervix this can be done by catching the cervix with a forceps introduced into the vagina and guided by the rectal finger; in this way the uterus can be drawn

down within reach, while the hymen is held gently open by a virginal speculum.

4. No respectable unmarried woman should be used for class teaching. To place a virgin on the table under an anæsthetic at the disposal of a class of students is a defloration closely akin to rape, revolting to every honorable instinct.

5. Patients with tumors and pelvic inflammatory diseases should not be kept anæsthetized over half an hour, and never more than three physicians should be allowed to examine a patient under one anæsthesia.

6. These examinations must be made with great gentleness and under the direction of a responsible teacher, as rough examinations often rupture pus sacs, hæmatomata, and large cystic ovaries, or bruise the abdominal walls.

7. After such an examination the patient should rest for some hours, or even for several days in bed.

8. These examinations must be conducted in privacy, but few students being admitted to the room at a time.

9. Out of respect to the patient, visitors should not be permitted to come and go from the examining room during the examination.

I have advocated strongly the importance of systematic examinations in doubtful cases under anæsthesia, and have endeavored to pave the way for a general adoption of this plan in my paper on *The Examination of Normal Ovaries*.* I have thus been at pains to lay down these explicit rules with regard to its limitations as I have perceived their urgent necessity in several instances.

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FRANK P. FOSTER, M.D.

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